

FOR BHF USE						

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I.</p> <p>Facility Name: <u>Victory Centre of Galewood</u></p> <p>Address: <u>2370 North Newcastle Avenue</u> <u>Chicago</u> <u>60707</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>773-385-5002</u> Fax # _____</p> <p>Federal Employer ID Number: <u>36-4273297</u></p> <p>Date Current Owners were Certified: <u>2/24/2009</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: <u>slavenda@frronline.com</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>2/24/2009</u> to <u>12/31/2009</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfungsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) _____		(Title) _____	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfungsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name Victory Centre Of Galewood

Report Period Beginning: 2/24/2009 Ending: 12/31/2009

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	102	Single Unit Apartment	102	31,722	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	31,722	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	13,613	706		14,319	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,613	706		14,319	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 45.14%

D. Indicate the number of paid bed-hold days the SLF had during this year

906 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 113 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?

No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Victory Centre Of Galewood

Report Period Beginning:

2/24/2009

Ending: 12/31/2009

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	116,779	56,246	571	173,596	(1,068)	172,528	1
2	Housekeeping, Laundry and Maintenance	55,041	10,128	14,272	79,441	1,331	80,772	2
3	Heat and Other Utilities			91,612	91,612	1,067	92,679	3
4	Other (specify):							4
5	TOTAL General Services	171,820	66,374	106,455	344,649	1,330	345,979	5
B. Health Care and Programs								
6	Health Care/ Personal Care	258,505	294	4,734	263,533		263,533	6
7	Activities and Social Services	24,069	281	1,854	26,204		26,204	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	282,574	575	6,588	289,737		289,737	9
C. General Administration								
10	Administrative and Clerical	195,373	35,737	678,384	909,494	(188,700)	720,794	10
11	Marketing Materials, Promotions and Advertising	104,101		55,702	159,803	62,916	222,719	11
12	Employee Benefits and Payroll Taxes			132,487	132,487	36,766	169,253	12
13	Insurance-Property, Liability and Malpractice			18,655	18,655	3,998	22,653	13
14	Other (specify):							14
15	TOTAL General Administration	299,474	35,737	885,228	1,220,439	(85,020)	1,135,419	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	753,868	102,686	998,271	1,854,825	(83,691)	1,771,134	16
Capital Expenses								
D. Ownership								
17	Depreciation			800,710	800,710	(776,390)	24,320	17
18	Interest			530,255	530,255	8,336	538,591	18
19	Real Estate Taxes			87,793	87,793		87,793	19
20	Rent -- Facility and Grounds					33,804	33,804	20
21	Rent -- Equipment			1,069	1,069		1,069	21
22	Other (specify):			117,436	117,436	2,951	120,387	22
23	TOTAL Ownership			1,537,263	1,537,263	(731,299)	805,964	23
24	GRAND TOTAL (Sum of lines 16 and 23)	753,868	102,686	2,535,534	3,392,088	(814,989)	2,577,099	24

Facility Name: Victory Centre Of Galewood

Report Period Beginning 2/24/2009

Ending:

12/31/2009

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.77	\$ 25.00	1
2	Licensed Practical Nurses	2.15	21.68	2
3	Certified Nurse Assistants	8.63	9.23	3
4	Activity Director & Assistants	1.17	11.57	4
5	Social Service Workers			5
6	Head Cook	1.17	14.70	6
7	Cook Helpers/Assistants	5.09	9.54	7
8	Dishwashers			8
9	Maintenance Workers	0.94	21.80	9
10	Housekeepers	1.22	8.54	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.46	24.63	13
14	Clerical			14
15	Marketing	2.42	24.22	15
16	Other			16
17	Total (lines 1 thru 16)	28.02	\$ 15.14	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Brian Cloch	29%	5.52	\$ 6,261	1
2	Jerry Finis	29%	5.52	8,879	2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
				Total	\$ 15140 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
		Total
		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Victory Centre Of Galewood

Report Period Beginning:

2/24/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,119,516 Year land was acquired 2009

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation		
1	102		2009	2009	\$ 19,318,909	\$ 800,710	35	\$ 22,877	\$ (777,833)	\$ 22,877	1	
2											2	
3	Allocated from Pathway Senior Living, LLC					2,409			(2,409)		3	
4											4	
5											5	
Improvement Type												
6	Total From Supplemental Page 5's											6
7											7	
8											8	
9											9	
10											10	
11											11	
12											12	
13											13	
14											14	
15											15	
16											16	
17	TOTAL (lines 1 thru 16)				\$ 19,318,909	\$ 803,119		\$ 22,877	\$ (780,242)	\$ 22,877	17	

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 854,978	\$	\$ 1,443	1,443	10	\$ 1,443	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 854,978	\$	\$ 1,443	1,443		\$ 1,443	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Victory Centre Of Galewood

Report Period Beginning:

2/24/2009

Ending:

12/31/2009

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34	

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Victory Centre Of Galewood

Report Period Beginning:

2/24/2009

Ending:

12/31/2009

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Victory Centre Of Galewood

Report Period Beginning:

2/24/2009

Ending:

12/31/2009

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre Of Galewood

Report Period Beginning: 2/24/2009

Ending: 2/31/2009

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Pathway SL, LLC			/ /	33,804			6
7	TOTAL				\$ 33,804			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 1,069

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Berkadia		X	1st Mortgage- Final Closing	12/23/09	\$ 9,550,000	\$ 9,550,000	2/1/50	4.4700	\$ 10,526	1
2	Cole Taylor		X	Construction Loan	/ /					487,262	2
3	Mercy Housing		X	3rd Mortgage- Note	12/1/08	300,000	300,000	6/1/49	1.0000	32,467	3
	Working Capital										
4			X	2nd Mortgage	/ /		1,219,647	/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,850,000	\$ 11,069,647			\$ 530,256	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2	8
9	Allocated from Pathway SL, LLC				/ /			/ /		8,338	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,850,000	\$ 11,069,647			\$ 538,592	10

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: **Victory Centre Of Galewood**Report Period Beginning: **2/24/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/09**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 860,147	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	675,153		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,230		6
7	Other Prepaid Expenses	4,209		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	190,104		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,763,843	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,119,516		13
14	Buildings, at Historical Cost	19,318,909		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	854,978		16
17	Accumulated Depreciation (book methods)	(800,710)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(23,675)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	658,563		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 21,127,581	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,891,424	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,392,324	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	80,417		29
30	Accrued Salaries Payable	21,858		30
31	Accrued Taxes Payable	79,669		31
32	Accrued Interest Payable	32,467		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	76,168		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,682,903	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,989,230		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,989,230	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,672,133	\$	45
46	TOTAL EQUITY	\$ 9,219,291	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,891,424	\$	47

Facility Name: Victory Centre Of Galewood

Report Period Beginning: 2/24/2009

Ending:

12/31/2009

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,393,573	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,393,573	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	45	8
9	Non-Resident Meals	1,033	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 1,078	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 2	14
D. Other Revenue (specify):			
15	See Attached	16,115	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 16,115	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,410,768	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	344,649	19
20	Health Care/ Personal Care	289,737	20
21	General Administration	1,220,439	21
B. Capital Expense			
22	Ownership	1,537,263	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,392,088	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (1,981,320)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (1,981,320)	31